MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS 10/510000

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	51							
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45							96							
46							97							
47							98							
48							99							
49							100							
50							TOTAL IND.							
TOTAL IND.							TOTAL DEP.							
TOTAL DEP.							TOTAL CLAIMS							
TOTAL CLAIMS														

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy